

CITY OF WICHITA/WICHITA TRANSIT

REGIONAL RIDESHARE PROGRAM APPLICATION FORM

PERSONAL INFORMATION

Name:

Home Address:

City:

Zip:

Home Phone:

-

Closest Major Intersection:

TRIP INFORMATION

Destination:

Address:

City:

Zip:

Work Phone:

-

Circle Work Days: Sun Mon Tues Wed Thurs Fri Sat

Primary Work Hours: (A.M. / P.M.) To (A.M. / P.M.)

Optional Work Hours: (A.M. / P.M.) To (A.M. / P.M.)

Do you have a car available: Yes No

Will you carpool with a smoker? Yes No

Would you like WT Bus / Van information? Yes No